Case 2:18-cv-00012-JPJ-PMS

Document 14 Pageid#: 50 Filed 08/06/18 ATROANORE, VA

AUG 06, 2018 AO 440 (Rev. 02/09) (12/09 WD/VA) Summons in a Civil Action (Page 2) Civil Action No. 2:18CV2 PROOF OF SERVICE (This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1)) MRS This summons for (name of individual and title, if any)  $\sqrt{\mathbf{A}}$ was received by me on (date) MRS personally served the summons on the individual at (place) FOR Chief on (date) ☐ I left the summons at the individual's residence or usual place of abode with (name) , a person of suitable age and discretion who resides there, , and mailed a copy to the individual's last known address; or on (date) ☐ I served the summons on (name of individual) , who is designated by law to accept service of process on behalf of (name of organization) ☐ I returned the summons unexecuted because ☐ Other (specify): for travel and \$ for services, for a total of \$ My fees are \$ 0.00 I declare under penalty of perjury that this information is true.

Printed name and title

Additional information regarding attempted service, etc:

## USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below. PageId#: 51

U.S. Department of Justice . United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  Melinda L. Scott  We will be a second to the se	COURT CASE NUMBER 2:18CV2
EFENDANT	TYPE OF PROCESS
Virginia Department of Medical Assistance Services	Summons & Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE C	OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE Karen E. Kimsey, MSW, Chief Executive Officer/Chief Deputy	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
VA DMAS; 600 East Broad St., Richmond, VA 23219	
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be
	served with this Form 285 2
Melinda L. Scott P O Box 1133-2014PMB87 Richmond, VA 23218	Number of parties to be served in this case
	Check for service on U.S.A.
See Attached Order	OF VIRGINIA COATE TELEPHONE NUMBER
ignature of Attorney other Originator requesting service on behalf of:  PLAINTIFF  DEFENDANT	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO	O NOT WRITE BELOW THIS LINE
acknowledge receipt for the total umber of process indicated.  Sign only for USM 285 if more than one USM 285 is submitted)  Total Process District of Origin Serve No.	Authorized USMS Deputy or Clerk  Date  126/18
hereby certify and return that I have personally served, have legal evidence of service, no the individual, company, corporation, etc., at the address shown above on the on the individual,	have executed as shown in "Remarks", the process described company, corporation, etc. shown at the address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	named above (See remarks below)
ame and title of individual served (if not shown above)	A person of suitable age and discretion
VARMAS MRS Write	then residing in defendant's usual place of abode
ddress (complete only different than shown above)	Date Time
SAME	31 8 mashal of Deputs
ervice Fee Total Mileage Charges including endeavors)  Total Mileage Charges Forwarding Fee Total Charges Advance Department of Total Charges Advance Department of Total Charges Forwarding Fee Total Charges Advance Department of Total Charges Forwarding Fee Total Charges Forwa	(Amount of Refund*)
REMARKS:	\$0.00

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED.